

Barnes Bulletin



Robert West

Robert West elected to Barnes board

Robert C. West, chairman of the board and president of Sverdrup Corporation, has been elected to Barnes Hospital's board of directors, effective May 13, bringing the board to its full complement of 16 directors.

Mr. West has been active in developing Sverdrup Corporation and its operating companies since joining the firm as an engineer in 1953. His engineering career includes such prestigious accomplishments as the Messina Strait suspension bridge and the Danish Great Belt Crossing, both first-prize winners in international design competition.

His management career began in 1968 with his promotion to vice-president and chief engineer. He was subsequently promoted to vice-president in 1969, partner in 1970, chief operating officer in 1973, president and chief executive officer in 1975, chairman of the board in 1976, and chairman of the board and president in 1977.

In addition to serving on Barnes board of directors, Mr. West is a member of the board of trustees for the Governmental Research Institute, Drury College in Springfield, Missouri, and Webster College.

Study shows ER visits not always emergencies

American Medical News recently reported that an Indiana Hospital Association study of emergency room visits disclosed almost half of the people seeking treatment had non-emergency problems.

Barnes emergency department, treating the second largest caseload in the metropolitan area,

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faces a similar situation. A 1980 random sampling of 2,257 visits indicated that 1,283 persons or 56.8 percent had non-urgent reasons for coming to the emergency department. Of the 47,567 patients treated in the emergency department last year, 6,651 or 14 percent were admitted, with the remaining 86 percent being treated and released.

"Most non-urgent or non-emergency cases are people with medical problems who are not in need of emergency treatment. These are people who either do not have a personal family physician, or if they do, the physician is not available," said Dr. Robert Stine, emergency department medical director.

In essence, patients with non-emergency problems such as colds and sore throats are utilizing medical expertise, equipment and space that is needed for much sicker people, according to RN Joe Burke, emergency department patient care manager.

The problem affecting Barnes and Indiana hospitals is one that is steadily growing nationwide. As a result, many insurance companies are attempting to discourage unnecessary use of the high-cost facilities by refusing to pay for non-emergency care provided in an emergency department. An alternative would be a neighborhood clinic or a private doctor, which usually costs about half as much as an emergency room visit.

Anniversary reception honors 25-year doctors

Thirteen doctors with 25 years of service on the active staff of Barnes Hospital will be inducted into the ranks of their silver anniversary predecessors at a 5 p.m. Queeny Tower reception Wednesday, July 22.

Drs. Jack Barrow, medicine; David A. Bensinger, dentistry; Robert Burstein, obstetrics/gynecology; Hugh Chaplin, preventive medicine; Paul E. Lacy, pathology; Marvin E. Levin, endocrinology; W. Edwin Magee, medicine; Robert A. Moses, ophthalmology; Kenneth C. Price, medicine; George B. Rader, general surgery; Melvin M. Schwartz, obstetrics/gynecology; Ross B. Sommer, medicine; and James M. Stokes, general surgery, will join the doctors whose names are inscribed on the 25-year plaque in the Barnes corridor.

The 13 doctors, who will be special guests of honor with their spouses, will be presented 25-year pins from Barnes board chairman Harold E. Thayer and hospital president Robert E. Frank. The guest list also includes more than 170 doctors who have previously celebrated 25-year service anniversaries here, Barnes board of directors and administrative staff, Auxiliary board members, Barnes Hospital Society officers and the chiefs of services for those specialties being honored.

Suggest a story

Suggestions for future *Barnes Bulletin* articles or comments about published material may be sent to the editor, Charlene Bancroft, in care of Barnes Hospital's Public Relations Department, Barnes Hospital Plaza, St. Louis, Missouri 63110. Letters to the editor of general interest will also be printed as space permits.

Barnes patient receives rare pacemaker

A Barnes Hospital cardiothoracic patient is the first U.S. recipient of a unique pacemaker which is able to record electrocardiographic readings directly from inside the heart and transmit these recordings over the telephone.

Ben Trost, 59, of southwest St. Louis underwent surgery June 2 to implant the Spectrax SXT pacemaker that transmits intracardiac EKG readings to a special telephone connection. "The newly developed pacemaker may give us more precise information to better understand the electrical process within the heart during periods of normal activity, irregular rhythm, chest pain and even heart attack," said Dr. Alan Weiss, Barnes/WU cardiologist. "The SXT can also tell us what effect different drugs have on the heart."

Mr. Trost had had periods of heart trouble for seven years and had been hospitalized for the condition several times in the last five years. A victim of bradycardia-tachycardia syndrome, Mr. Trost had episodes of irregular heartbeats—too fast or too slow—and had been told by several doctors that he would eventually need a pacemaker.

"I wanted to put off the surgery as long as I could. But I began feeling worse and worse, spending more and more time in the hospital. I knew I couldn't postpone any longer," said Mr. Trost.

The surgery was performed June 2. The following day, pacemaker representatives delivered a transmitter to Mr. Trost so that pacemaker readings could be telephoned directly to Dr. Weiss' office by placing the transmitter over the pacemaker and the telephone mouthpiece over the transmitter speaker. "I don't even have to drive to the doctor's office when we want to check pacemaker readings. I can simply dial the phone from my office or home," said Mr. Trost.

An estimated 5,000 persons in the St. Louis metropolitan area have received pacemaker implants to regulate the heartbeat and insure adequate blood supply to the body. Pacemakers have evolved to microcircuitry units which are the size of cigarette lighters and, with the development of lithium batteries, have a life expectancy of 8 to 10 years. "Over the next several years," Dr. Weiss predicts, "a new generation of pacemaker will be available with the capability to automatically reprogram itself in response to changing heart rhythm."

Wise mother instills belief in education

Personal experience laced with several years of financial hardship ingrained in nurse assistant Mary Lue Williamson the belief that higher education was a requirement for her seven children.

Mrs. Williamson learned the values of higher education late in life—but early enough to pass on the commitment to learning to each child. Her fundamental beliefs in the power of a college degree were instilled during childhood by her (continued on page 2)

Front cover: Burn technician Gail Rutherford adjusts wound dressings on eleven-year-old Brian Nowakowski. The new Barnes Burn Center, which opened May 6, is one of only three specialized burn facilities in Missouri. (See centerspread for a look inside the new six-bed ICU.)

Wise mother

(continued from page 1)

parents. Yet her husband-to-be wooed her into starting a new life before completion of a sociology degree at the University of Arkansas at Pine Bluff.

Furthering her own education then took second place when she was left alone "to turn five sons and two daughters into responsible people. My thought was not only how to feed and clothe them while they were growing up, but how to prepare them to feed and clothe themselves as adults," said Mrs. Williamson, an employee on the plastic surgery floor for 14 years.

"I ended up working two jobs—one as a factory worker in a foam rubber plant and the other as a nightclub waitress—for seven years. It was not the kind of life I wanted for me or my children, but it was necessary for survival. I decided then my children would never have to work that hard for a living."

Cutbacks in production caused Mrs. Williamson to be laid-off at the factory. She also quit her part-time waitress job after being hired by the former Parklane Hospital, now called Lindell Hospital. She was working there at the time a friend hospitalized at Barnes suggested she put in an application here. Mrs. Williamson subsequently came to work at Barnes on the old 3400 nursing division October 9, 1967.

Remembering her earlier struggles in making ends meet financially, Mrs. Williamson raised her children to believe college was the key to success. She nourished the desire for education, but at the same time let each child know she supported their individual decisions about careers.

"Three of my children, Sharroyon, Aloysius and Joseph (ages 29, 27 and 26, respectively), graduated from high school when they were 16. They were too young to get a job offering any responsibility or security, and I refused to let them stop there, so college was the next step. My children are naturally competitive, so I knew the younger ones would follow in the footsteps of their older brothers and sisters," said Mrs. Williamson.

Aloysius left home to be an engineer. He switched majors in midstream, and instead graduated with a degree in music from the University of Illinois at Champaign. Aloysius is now a concert lyric tenor. Sharroyon, who graduated from her mother's alma mater, works for the Springfield, Illinois, board of education.

Most recently, Joseph (age 26) was sworn into the Illinois Bar at Belleville. He received his undergraduate degree from Illinois State University, Normal, and his law degree from Thurgood Marshall at Texas Southern in Houston. Guy (age 25) attended Illinois State University, Normal, but received certification in diesel mechanics from Bailey Technical School in St. Louis. He is now a diesel engineer specialist for the City of Atlanta, Georgia.

Lue (age 24) attended Southern Illinois University-Edwardsville and Illinois State University at Normal. She is now an executive secretary in St. Louis. Irvin (age 23) graduated this past May from Illinois State University, Normal, and will begin law school at St. Louis University this fall. The youngest, Von (age 18), just completed his freshman year at Western Illinois University in Macomb.

Mrs. Williamson has attended seven high school graduations, five college diploma ceremonies,

one technical school installation and a law school presentation. There are more to come. "We would have lived better if I had had a degree when raising my children, but I don't have any regrets. My children are my blessing and I have done quite a bit of living through them. Now that I have a little bit of free time, I might go back to school myself."

HN Mary Kay Campbell pins on Major leaves

Coronary care unit head nurse Mary Kay Campbell recently pinned gold oak leaves on her U.S. Air Force reserves uniform, signifying a promotion in rank from captain to major.

Miss Campbell, who entered the military reserves as a first lieutenant in 1972, is stationed with the 932nd Aeromedical Airlift Group in the 73rd Aerovac Squadron. She was subsequently promoted to captain in 1973, and notified by the military board that her most recent rank change became effective May 29.

As a reservist, she devotes two weekends each month to military nursing through Scott Air Force Base in Belleville, Illinois. Miss Campbell, who is the officer in charge of ground training one weekend each month, teaches military reserve personnel to use life-support equipment. Personnel are trained in using all equipment found aboard medical transport aircraft, including ventilators, oxygen analyzers, incubators and the Collins traction which is used for fractured neck injuries.

The second weekend Miss Campbell serves as a registered nurse aboard a C9A, a plane similar to the commercial DC-9 which has the capability of housing up to 40 patients. En route to the Air Force hospital nearest the patient's hometown, she provides medical care for sick and injured military personnel and dependents. Her monthly travels take her all over the United States as well as Puerto Rico, Mexico and Canada.

Retina specialists pay homage to Dr. Cibis

The impact that Barnes/Washington University ophthalmologists have made on the treatment of retinal disease was exemplified by the fourth biennial meeting of the Paul Cibis Club, held recently in Hot Springs, Virginia.

The Paul Cibis Club is a scientific society composed of the retinal fellowship alumni trained at Barnes/Washington University by members of the practice of Retina Consultants, Ltd., seven retinal specialists whose office is located in Barnes East Pavilion. Although Dr. Paul Anton Cibis (1911-1965) himself trained only a handful of specialists during his ten years as director of the retina service, his unique approach to problems of the retina and vitreous made a lasting impression on those he trained, and his successors continued the work he had begun.

On the occasion of the tenth anniversary of his death, the Paul Cibis Club was established. Membership now totals 43 persons who, following their fellowship here, have relocated all over the world.

In 1979, the Paul Cibis Club published a 200-page volume, *Proceedings of the Paul Cibis Club*, which has received favorable reviews in the U.S. and Great Britain. Barnes ophthalmologists Dr. Edward Okun and Dr. Glen Paul Johnston served as editors of that volume. For the 1981 publication, Dr. Isaac Boniuk, also of Barnes staff, and Dr. Wayne Fung of San Francisco will serve as editors.



Monitoring respiratory parameters to determine how well a patient functions independent of the ventilator is a routine procedure for respiratory therapists in the surgical and respiratory intensive care units. Respiratory therapist Sue Kassing measures the patient's functions while performing a ventilator check on surgical ICU patient Joseph Dane.

Therapists expand respiratory services

A 60 percent increase in chest and respiratory therapy treatment combined with a 40 percent increase in mechanical ventilation use during 1979 and 1980 has resulted in expansion of both respiratory therapy staff and duties.

"Therapists are caring for sicker patients with breathing difficulties as the acute caseload increases at Barnes. To assure the hospital is adequately staffed at all times, the number of nurses, registered therapists and certified technicians within respiratory therapy and chest therapy have increased from 46 full- and part-time employees in 1979 to 77 employees in 1981," said Bob Karsch, technical director of respiratory therapy.

Additional staffing was required because chest therapy expanded its service in 1980 from one shift per day to 16 hours a day, seven days a week. The chest therapists aid patients in draining excess sputum from the airways through postural drainage, percussion clapping and breathing exercises. Patients in need of this care are seen by therapists three or four times daily.

Mechanical ventilator support used in 1980 was 51 percent higher than that required in 1979. Last year, over 1,300 patients were hooked up to some form of continuous mechanical breathing support.

Respiratory therapists now play an active role in the surgical intensive care unit and the respiratory intensive care unit. In the SICU therapists accompany physicians and nurses on daily patient rounds, draw blood samples and assist in the insertion of arterial catheters. Therapists also assist in the set-up and calibration of hemodynamic monitoring equipment.

A therapist is on duty 20 to 24 hours a day in the RICU to assist nurses in easing patients' breathing problems. Therapists not only care for the patients' traditional respiratory therapy needs but also calibrate and monitor the mass spectrometer, a sophisticated device that analyzes inhaled and exhaled gases to determine carbon dioxide levels. The computerized mass spectrometer provides comparative data which can

serve as an early warning sign to prevent complications in the patient's recovery process.

Respiratory therapy is more than hooking up patients to machines; it requires the ability to relate to and work with people. As more and more patients are hospitalized with short-term breathing problems, the need for therapists to care for patients will grow. Barnes respiratory therapy department must progress to meet that need," said Mr. Karsch.

New voice restoration performed at Barnes

A voice restoration operation is being performed at Barnes Hospital for persons who have undergone a total laryngectomy (removal of the voice box) because of cancer.

Normally, the speech process begins when air is exhaled from the lungs through the larynx, where vocal cords vibrate to make sound, and individual words are formed with the help of teeth, tongue, palates and lips.

Two passageways, the trachea in the front and the esophagus in the back of the throat, run from the nose and mouth area through the neck. The esophagus, or food tube, leads directly into the stomach; the trachea, or windpipe, leads into the lungs. During a laryngectomy, the voice box is removed and the windpipe is redirected to form a stoma, or opening, at the front lower portion of the neck. Laryngectomy patients do not breathe through the nose and mouth, but rather life-sustaining air is inhaled through the tracheal stoma.

Laryngectomees (people without a voice box) frequently learn a new speech process called alaryngeal or esophageal voice. Esophageal voice entails forcing some air through the mouth and nose down into the esophagus. When the trapped air in the esophagus is released or belched, this "air charge" vibrates the esophagus. From this vibration, audible voice is possible.

"Esophageal voice is not always easy to learn, and even after 8 to 12 months some persons

cannot use this alternative speech process," said Dr. Stanley Thawley, Barnes/WU otolaryngologist. "The voice restoration procedure is an alternative for some of these patients."

The procedure, invented and developed by Drs. Mark Singer and Eric Blom of Indianapolis, Indiana, is a simple, 15-minute surgical endoscopic procedure to create a channel between the trachea and esophagus. A silicone prosthesis is placed in the channel several days later to allow air to be exhaled into the esophagus, producing esophageal speech.

At Barnes, the voice restoration procedure is done under general anesthesia with the aid of a modified bronchoscope. A small hole is created between the back wall of the trachea and the front wall of the esophagus and a tube is placed into this small tunnel to keep it open. The tube is secured for 48 hours, at which time the tube is removed and the fitted voice prosthesis is slipped into place.

The prosthesis is a three centimeter silicone tube with a one-way valve at one end. At the esophageal side of the tube is a small slit which opens like a "duck's bill" with positive air pressure, allowing air to flow into the esophagus and up through the mouth for speech. When the patient is not talking, the valve remains closed to prevent food or liquid from entering the lungs. The tracheal side of the prosthesis includes a small hole on the bottom surface for entry of exhaled air. There are two thin flanges on either side of the tube which are taped to the patient's neck to hold the prosthesis in place. When the patient wants to speak with the prosthesis in place, he simply inhales and covers up the tracheal stoma with a finger. As he exhales, air is forced into the prosthesis and up into the esophagus and he speaks.

Sheryl Setzen, speech therapist at the medical center's Irene Walter Johnson Institute of Rehabilitation consults with potential voice restoration candidates and works with recipients both before and after surgery. "The first few days after surgery include a lot of hard work," she said. During hospitalization, Mr. Reck was taught how to clean, insert and secure the prosthesis to the neck. There were also intense sessions on sound

and speech pattern manipulation to insure good communication and satisfaction of the device.

"The idea of surgical voice restoration is not new," said Dr. Thawley. "Numerous procedures throughout the last 30 to 40 years have attempted to restore voice to laryngectomy patients. Most of these procedures were technically difficult operations, had very high complication rates and very low success rates."

"This voice restoration procedure has many benefits. It is a simple operation and the risk of complications is very low," Dr. Thawley said. "The results are almost immediate, with the patient talking as soon as the prosthesis is fitted, approximately two days after surgery." (To reverse the procedure if the patient is not satisfied with the quality of voice or does not want to continue maintenance of the prosthesis, he simply can elect not to insert the silicone tube. Within one to several days, the connecting channel between the trachea and the esophagus will close up.)

Wohl patients move

Patients currently hospitalized on the third, fourth and fifth floors of Wohl Hospital will be relocated to the East Pavilion by the end of this month.

Plans include moving patients from 5 Wohl to 10500 of the East Pavilion. Patients currently on 10500 will be temporarily relocated to the ninth floor of Rand-Johnson. Patients on 3 and 4 Wohl will be relocated to the ninth floor of the East Pavilion, which will also include the medical intensive care unit.

The 12-story Wohl Hospital building named in honor of its benefactor's son, David P. Wohl, Jr., was opened in 1953 to alleviate the shortage of hospital beds. Patients were gradually moved into newer, modern quarters and the space was utilized by the Washington University School of Medicine for offices and clinics. The third through fifth floors will also now be renovated for WU office space.

Thirty-eight RN's attend open house here

Long-stemmed red silk roses were symbols of friendship extended to 38 registered nurses attending the recruitment open house held around the pool atop Queeny Tower May 17.

Nurse recruiters Chris Corbin and Barb Fiehler, with the help of several members of nursing service, conducted visitors on a tour of the hospital. Recruiters also explained "Why Barnes is Best," including information about nursing career opportunities and benefits package.

Of those attending the open-house, three registered nurses have signed up to begin the fall nurse internship program September 14. A fourth nurse was hired for the summer internship which began June 1. In addition, 10 RN's were interviewed for future staff nurse openings.



Dr. Stanley Thawley inspects the voice restoration prosthesis on laryngectomy patient Frank Reck, the first Barnes recipient of the device. Mr. Reck, a 77-year-old retired meat cutter, had his voice box removed in 1979.

Important phone numbers

Barnes physician referral
service 454-2255
Childbirth classes, maternity
tours..... 454-3561
Memorial funds, development 454-2261
Speakers bureau..... 454-3515
Executive physicals program... 454-2255
Volunteers..... 454-3446
Bulletin comments, ideas..... 454-3515

BURN

Eleven-year-old Brian from Tamaroa, Illinois, and his friend Aaron were camping in Aaron's backyard. The boys had tried to start a campfire, but it had been a rainy week and the logs were damp. Brian poured gasoline on the smoldering logs to work up a fire upon which the two could cook hotdogs. The gasoline ignited; Brian's shirt caught fire. He dropped to the ground then threw himself in the backyard pond. Brian was taken to Pinckneyville Hospital emergency room and transferred to Barnes with first and second degree burns over 12 percent of his body.

Tractor-trailer driver Monte, 21, from Salem, Missouri, was eastbound on Interstate 70 near Adelaide Avenue on June 4. He saw a stalled car directly ahead of him in the fast lane. The highway median was to the left, a carload of children to his right. He veered into the median, his truck jumped the barrier and landed in the reversible lanes. The truck cab exploded and burned. Monte jumped from the truck and rolled on the ground to put out the flames on his clothing. He was admitted to Barnes with first and second degree burns over 21 percent of his body.

Fifteen-year-old Melvin of St. Louis and 63-year-old Jack from McLeansboro, Illinois, were victims of two separate gasoline explosion accidents which occurred when both were trying to prime carburetors in vehicles which had run out of gas—one of the most common causes of burn injuries. Both were admitted to Barnes June 9.

Two months ago 21-year-old Rex was admitted to Barnes after a fiery traffic accident. Thirty-three-year-old Joe, a victim of a house fire, has been at Barnes for more than four months.

The "Silent Epidemic"

More than two million persons in the U.S. seek medical attention for burn injuries each year.

More than 75,000 burn victims are admitted to the hospital for treatment of their injuries.

More than 12,000 persons die each year of burn injuries—more than one-third of those who die are children.

The new Barnes Burn Center represents the latest chapter in a history that includes nearly 20 years of providing specialized care for burn victims in the Midwest. Barnes burn unit in 1964 was the first burn intensive care unit in a non-military institution and won wide acclaim as a leader in the use of silver nitrate, a chemical still used today to treat major burn injuries.

Dr. William Monafo, medical director of the new center, leads a team of 13 nurses, house staff, three full- and three part-time burn technicians, social worker, dietitian, respiratory therapist, physical therapist, occupational therapist, chaplain, unit manager, unit clerk and aide.

Hospitalization of patients like Brian, Monte, Melvin, Jack, Rex and Joe typically begins with a telephone call to the burn care professionals on 4300.

Stand by

The telephone rings—an outstate hospital calling to consult with Dr. Monafo regarding a burn victim in that emergency room. Degree, extent and location of burns are relayed as well as information about the patient's overall physical condition. The patient's condition: critical. He must be transferred to the burn intensive care center. Transportation by helicopter or ambulance is arranged and the Barnes burn team is alerted to the estimated time of arrival.

On alert

"When we are notified that a burn victim is on the way to our center, we immediately assess the needs of our patients to insure optimal care for every patient during the crisis period of our newest admission," said head nurse Valerie Yancey. "New staff assignments are given so that each of us knows what our prime responsibility will be during the hectic hours to come. The awaiting room is thoroughly cleaned and made ready."

Crisis period

Burn team members are dispatched to the heliport or emergency room entrance to await the arrival of the incoming patient. The emergency transport arrives. The patient's vital signs are checked for adequate respiratory and cardiac function. The patient is immediately taken to the burn center.

The next 24 hours are critical. Once in the burn intensive care area, team members initiate treatment on prevention of shock and assess medical stability, including associated injuries such as fractures and neurologic or respiratory involvement. The third priority is the actual burn wound. Fluid IVs and Foley urine catheter are inserted to replenish and monitor fluids in the body—vital fluids which are lost when protec-

tive skin tissue is burned and surrounding tissue begins to swell. Blood samples are taken. Carbonmonoxide levels are obtained to determine the extent of respiratory injury due to inhalation of smoke. (Carbonmonoxide is a poison produced by combustion which binds to the hemoglobin in the blood, displacing oxygen molecules and robbing cells of needed oxygen.)

"Many patients not only suffer burn injuries," said Dr. Monafo, "but sustain extensive trauma that would, in itself, require intensive care." During this crisis period, burn patients are given one-to-one nursing care. Laboratory assays and cultures are performed at frequent intervals to insure effective but safe antibody doses to kill off invading bacteria. Respiratory status is monitored constantly; response to fluid therapy, vital signs and urine output are all done on an hourly basis.

Healing process begins

"The main focus during the remainder of the stay in the burn center is on preventing and treating complications including meticulous wound care and vital nutrition support," said Mrs. Yancey. Burn wound dressings must be changed daily to prevent infection and to promote healing and new skin growth. Every day—even twice a day on some—nurses and burn technicians must remove wound dressings and debride the wound, a painful and tedious process to remove dead skin tissue. More extensive burn debridements can take up to three or four hours, according to Mrs. Yancey.

Burned and grafted skin lose elasticity. To prevent the loss of muscle and joint mobility, a physical therapist works with the patient to exercise damaged areas to prevent the skin from contracting and to enable joints and muscles to regain normal function.

A high protein, high caloric diet is mandated by the center's dietitian who works with Dr. Monafo to establish nutritional goals for each patient in the unit. "Until a few years ago burn professionals did not understand the importance nutrition played in the survival and recovery process of burn patients," said Dr. Monafo. "Today we understand the necessity of a high protein to help the tissue to regenerate and to ward off infection."

A high number of calories are necessary to generate body heat that is lost without the protection of insulating skin. An average-sized, healthy adult intakes 1,800 to 2,300 calories per day; the same adult with burn wounds could require 4,000 to 6,000 daily calories. Tube feedings are necessary for some burn patients. Others are given regular patient meal trays which must be subsidized with two or three milkshakes and other high-calorie snacks—potato chips, nuts, cookies, peanut butter, ice cream. Large supplies of eggs and cheese also are kept in the refrigerator to make a quick snacks throughout the day. Raw vegetables and fruits are on the prohibited

CARE

list in the burn center. Fresh produce can carry bacteria which could cause infection in burn patients.

Special patients, families

"No matter the size or location of the injury, the impact of the burn is emotionally devastating," said social worker Sara English. The entire burn center team works to help our patients adjust physically, psychologically and sociologically with the problems created by their injuries so that they can return as functioning members of their families and communities. It's rewarding to see the progress our patients make from the time



Windows overlooking Forest Park, wall clocks and bedside televisions help to keep burn patients oriented to time as well as provide distraction from the confinement of their hospitalization. A ceiling panel heater above each bed provides an additional heat source for these patients whose bodies must consume extra calories to maintain normal body heat.



Burn technician, physical therapist and nurse work with burn victim Jack Reyling to clean and redress the burn wound and to exercise muscles and joints to maintain mobility.

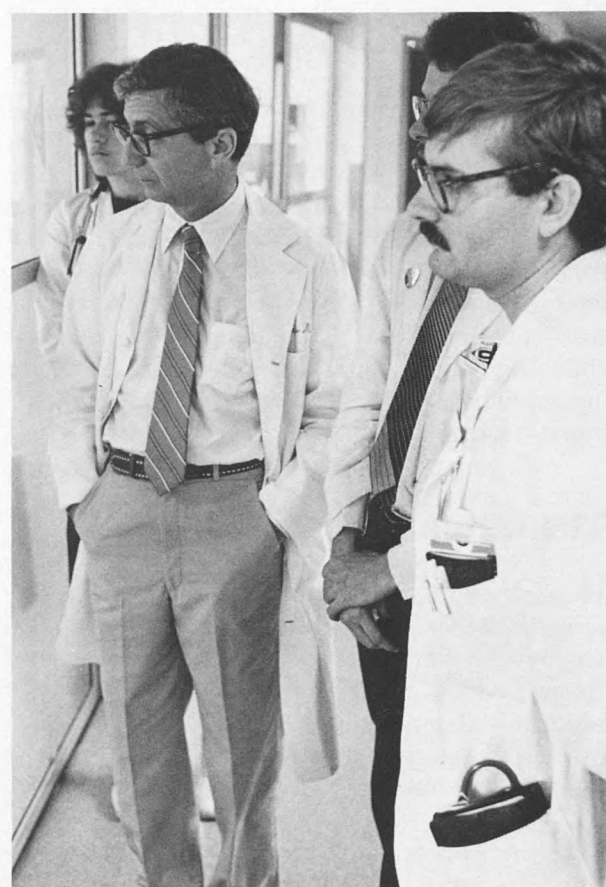
they are first entrusted to our care until the time they leave us to return home."

Burn injuries are manageable when treated with good medical and psychological care. "People do have the means to cope with disruptive and devastating illness and are very capable of utilizing their strengths to adjust to burn injuries. We are there to help them recognize and use these strengths and to promote an environment that will encourage our patients to talk about their concerns and fears," said Mrs. English.

Some of these concerns deal with role changes. Previously the family breadwinner, the burn patient may not be able to go directly back to work, or manage as a housewife. A mother whose prime responsibility was to give care to her family, now must become the receiver of her family's care. The burn center has a full-time occupational



Painful and tedious debridement of burned skin tissue must be done daily—sometimes even twice a day. Debridement for patients burned over large portions of their bodies may take up to three or four hours.



Dr. William Monafo, medical director of the burn center, and house staff members pause outside a patient room during a debridement session.

therapist available to emphasize independence through self-help and to help the patient regain skills lost after the accident.

"Although the burn patient has undergone the actual physical injury, we must remember the family members also have undergone a tremendous amount of adjustment. Loss of income to patients during their hospitalization and for family members who must spend a good deal of time at the hospital can cause tremendous stress. The family also experiences emotional pain," said Mrs. English. "For these reasons, we also make the family a prime focus of our psychological caring. They are very important to us, too."

The patient's family is involved in the day to day care of their loved-one. "Our key support, many times, comes from the family," said Dr. Monafo. "The patient's willingness to undergo painful debridement and exhausting therapy sessions often stem from the family's acceptance of the injury and their anticipation of homecoming." Upon discharge, the family is also responsible for daily wound dressings and physical therapy sessions.

A burn clinic is held every Wednesday afternoon to provide care for minor burn injuries and routine follow-up care for discharged burn center patients. "We will follow many of these discharged patients for years after the accident. Many will require readmission to a surgical division of the hospital to undergo further skin grafting and reconstructive plastic surgery," said Dr. Monafo. "For many, discharge from the hospital is just the beginning of a long road to rehabilitation."

Special nurses

"Burn center nurses are a special breed of health care workers," said nursing associate Donna Granda. "They must possess abilities and skills that range from those of the emergency room (continued on page 6)"

Burn center

(continued from page 5)

nurse and the critical care nurse to fundamentals like teaching a patient to use a fork. They must be pediatric nurses and geriatric nurses. They must interact with persons in all facets of human behavior, at all ages," said Ms. Granda.

Barnes Burn Center nurses care for their patients during hospital stays that last anywhere from two weeks to five or six months. "During that time a special bond is formed—these nurses know their patients and have gained the patients' trust. Burn nurses must have and maintain enough emotional strength for themselves as well as their patients. They must learn and teach changing values at a time when patients are questioning their self-identity and self-acceptance," said Ms. Granda.

The future

Improvements in methods of preventing bacterial infection (the major cause of deaths in burn victims), better methods of obtaining wound closure which could include the possibilities of artificial skin and culture of epithelial cells grown in the laboratory test tube are all bright spots in the future of burn care, according to Dr. Monafa.

"Research on the effects of burn injury on peripheral nerve function and energy balances which are now being conducted here and in other parts of the country will help us deliver better burn care," said Dr. Monafa.

Mother of former burn patient applauds care

Pat Zeimer, mother of a recent Barnes Burn Center patient, wrote the following letter to Robert Frank, president of the hospital, to commend the care given to her son Brian and the members of his family by the burn center staff.

I would like to take this opportunity to let you know how all of us, the family of Brian Zeimer, feel about the care Brian received in the Barnes Burn Center. We feel the medical care he received was the best. However, it went one step further than the care by the doctors; the nurses are a "special breed." They executed their orders with love, care, gentleness and thoroughness. Brian always looked clean and well taken care of, and I knew that was only the surface because they spent many hours each day caring for him.

Then, there is another area that went far beyond medical care. First, the love, compassion and gentleness the whole staff gave went beyond our wildest hopes. From the first, they treated him like a family member instead of a patient. They spent extra time with him trying to understand what he was saying. They dealt more honestly with him about his impending death than we could, and opened doors for us to talk to him.

Lastly, the entire staff, including the doctors and social worker Sara English, gave us the same love and compassion they showed Brian. They were always patient with us, no matter how long we were there and no matter how pesty we were. They spent a lot of time with us in the waiting room giving us comfort and sharing of themselves.

I, myself, am a nurse. I know a certain amount of all these qualities are expected of medical professional people. But, we all feel the entire staff of the Burn Unit gave far, far beyond what they were expected to do.

One of the few comforts we have in this tragic time is knowing that Brian was with family always—whether or not his real family was there.

I do hope you will pass this letter on so the whole staff gets the thanks and recognition we feel they deserve. I'll never be able to say enough beautiful things about the staff of the Barnes Burn Center.

Former buddies renew friendship

A thirty-four-year absence made the heart grow even fonder for two friends who recently renewed their friendship while patients at Barnes.

Ernest O. Mallett, Sr., read the name "Eddie Seithel" above his roommate's bed, but was indeed surprised to see the name matched the face of a pre-World War II buddy. Mr. Mallett and Mr. Seithel developed a solid friendship while working together as paper slitters at United Drug in O'Fallon, Missouri, from 1932 to 1940.

Each then went their separate ways. Mr. Mallett left the drug company to manufacture ammunition during the war at a small arms plant. In 1945, he opened up Ernie's Paper Box Company, which later changed over to the present Mid-City Paper Box Company. That year he also saw Mr. Seithel again, who was still working at United Drug. The two managed to keep track of each other's lives until 1947, and last saw each other 34 years ago when Mr. Seithel visited his friend at the paper box company.

"The nurses, doctors, housekeeper and the persons who delivered the food are the finest people I've met for a long time. They were so good to Eddie and me," said Mr. Mallett in a recent letter to the hospital.

Nearly New breaks resale record

Increased word-of-mouth publicity plus a greater variety of items to resell are causes for the Nearly New Shop recording the best financial intake in its 18-year history, according to auxiliary annual report figures released May 1.

The Nearly New is one of four fundraising tools—Wishing Well Gift Shop, Baby Photo Service and Tribute Fund are the others—operated by the auxiliary to raise money for hospital services. (In April, the auxiliary gave a check to Barnes in the amount of \$315,000 collected from these services.) The shop sells a variety of used clothing, furniture, household items, plants and books donated by auxiliary members, employees, former patients, and friends of the hospital.

Olguita M. Q. Berington dies in England

Olguita Monsanto Queeny Berington, 81, died of cancer May 17 in Malvern, England, where she lived.

Mrs. Berington was the only sister of Edgar M. Queeny, late chairman of Barnes and head of Monsanto Co. from 1928 to 1962. She had lived in England since her marriage about 50 years ago to Thomas Berington, who before his retirement was an executive with Monsanto's English operations.

Besides her husband, Mrs. Berington is survived by a son, Thomas Berington II and a grandson, Thomas Berington III, both of whom live in England.

Book explains celiac disease

A recently published book detailing the cause, symptoms, and treatment of celiac-sprue is now available for people who have celiac disease, sprue or sensitivity to gluten. *Celiac-Sprue and the Gluten Free Diet*, by Pat Murphy Garst, discusses the hereditary nature of the disease which affects the digestive process and causes malabsorption of vitamins and nutrients leading to such health problems as gastrointestinal cancer.

The 150-page book, along with a cookbook, *Gluten Free Cooking*, which contains methods for converting standard recipes to gluten-free, is available from M. Stevens Agency, P.O. Box 3797, Des Moines, Iowa, 50322, for \$7.95 each.

Hospital notes

The following are reported on staff: Dr. Albert F. Ruehl, assistant otolaryngologist; Dr. Sidney J. Hanish, assistant ophthalmologist; Dr. Diane F. Merritt, Dr. Bruce L. Bryan, Dr. David J. Levine, assistant obstetricians/gynecologists; Dr. John P. Canale, Dr. Gaellan M. Heisten, Dr. Jorge A. Raichman, Dr. John W. Knesevich, assistant psychiatrists; Dr. Dushyant N. Bhatt, assistant anesthesiologist; Dr. Larry A. Jones, Dr. Richard Lazaroff, and Dr. Nancy E. Holmes, assistant pediatricians, all effective July 1.

Three members of the Barnes/WU medical staff were among the 20 doctors from the St. Louis area inducted recently into the 50-Year Club of the Missouri State Medical Association. Among those honored for 50 years of service as practicing physicians were Dr. Daniel Bisno, ophthalmologist; Dr. Marianne Kuttner, pediatrician; and Dr. Harold Scheff, physician.

Volunteer director Deborah Lord Bobinette was a guest speaker at the Ritenour Chapter of the National Honor Society April 28 which inducted 74 seniors. Mrs. Bobinette is a 1966 graduate of the school.

Barnes/WU ophthalmologist Dr. Jack Hartstein has been invited to be guest speaker at the Societe Francoise des Ophthalmologistes' conference, "The 1981 edition of the International Conference on Medical Contactology," to be held in France in October.

Barnes public relations director Daisy Shepard conducted two seminar sessions on "Working with the News Media" as part of a day-long workshop for hospital public relations practitioners sponsored by the Hospital Public Relations Society of St. Louis. The workshop was held May 29 at the Midtown Ramada Inn and attracted persons from throughout Missouri and Illinois.

Dr. David Alpers, Barnes/WU gastroenterologist, has received a fellowship from the John Simon Guggenheim Memorial Foundation of New York. Dr. Alpers is currently doing research under an NIH grant on intestinal protein metabolism and function and will use the fellowship for further protein research.

Erratum

The type gremlin struck again. In the June story about the Barnes Hospital Society, the *Bulletin* sought to emphasize that the group is open to all members of Barnes staff, however two vital words were omitted. The last paragraph of the story should have read:

Barnes Hospital Society members also hold full-time or part-time faculty positions at the Washington University School of Medicine.



Lee Black, washman in the laundry, demonstrates how to hook up a bag of sheets to the new monorail system.

Monorail system ups laundry productivity

A second monorail system connected to overhead tracks in the laundry production facility provides additional storage space by eliminating floor carts while increasing employees' productivity, according to Frank Knox, department director in charge of laundry and linen services.

The new system, in use since February, was added to an existing monorail installed in 1975. The entire length of the laundry is now serviced by the monorail system, making it easier and faster to dump linens. Instead of picking up laundry manually and carrying it to folding tables, employees now pull laundry carts attached by hooks to the monorail's ceiling tracks down the line for dumping.

Gifts to Barnes Hospital

Listed below are the names of persons (honorees in **boldface**) who have made contributions during the period May 16 through June 12 to the various funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of our patients.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the Development Office. The Auxiliary coordinates the Tribute Fund which is used for specific hospital

projects. The various other funds are part of the development program of Barnes Hospital.

Tribute Fund

IN MEMORY OF:

Harold Steinburg
M/M M. J. Mathis
M/M Stanley P. Kolker

Ely Shevitz
M/M Ben Roman

Paul H. Young
Henry & Edie Drosten

Mary C. Harford
Dr. Sydney B. Maughs

Marian Lewis Clark
Mrs. Roland O'Bryen

Mrs. Lawrence Goldman
M/M Philip L. Moss

Mrs. Goodman
D/M Allan E. Kolker

H. W. Neuwoehner, Jr.
E. R. Culver, III

John Krey, II
E. R. Culver, III

Vida Tucker Goldman
M/M Irving Edison

Dr. Paul Max
D/M James Pennoyer

IN HONOR OF:
Kathleen Susan Kolker's
Bas Mitzvah
Mrs. Rosemary D. Harris

Kimberly Kolker's
Confirmation
Mrs. Rosemary D. Harris

Kenton Kolker's
Graduation
Mrs. Rosemary D. Harris

Dr. Arthur H. Stein, Jr. Memorial Fund

Lester M. Abbott
Barnes Hospital Board of
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Administration
Barnes Hospital Society
Weldon & Jean Canfield
Nancy Craig
Carol & John Felker
Mary J. Fretwell
M/M W. E. Fretwell
Mrs. Kathryn Gernhardt
Ron & Nancy Lurie
D/M T. Cameron
MacCaughelty
Alice Marshall
D/M Harry Morgan
Frances & Tillie Nornberg
Barnes Hospital Nurse
Anesthesia
D/M Lawrence W. O'Neal
Dr. Patricia O'Neal
Dr. Thomas F. Richardson
D/M Fred Reynolds
D/M Charles L. Roper
M/M Raymond E.
Rowland
Loyce Rutherford
D/M Perry L. Schoenecker
M/M Joseph Henry
Schweich
Mary Hord & Dick Snyder
D/M Ross B. Sommer
D/M C. Ronald Stephen
D/M George L. Tucker
D/M Clarence S. Weldon
Betty & Mildred
Williamson
R. C. Wilson Company

Elvera M. Zarka
M/M Richard S. Summers
M/M William J. Abbott
D/M Douglas Becherer
D/M Marshall B. Conrad
Falcon Products
M/M William G. Fine, II
M/M Rollin B. Fisher
M/M Robert E. Frank
M/M Lester Litzinger
Glen & Patricia McNett
M/M Milton A. Mild
Nancy & Kent Nentwig
Nursing Staff of 7100
Lonnie & Nancy Schmidt
D/M H. G. Schwartz
Judy Schweiger
Edward & Nancy Wetzel
Robert R. & Jean Young
The Andrews Children:
Christopher, Bill,
Carol, David, Andy
Marybill & George
Andrews
Drs. Richard & Betty
Carlin
D/M Ralph V. Gieselman
D/M Paul O. Hagemann
D/M Harold Joseph
D/M Virgil Loeb, Jr.
M/M Edwin Magee
D/M Joseph McKinney
M/M David S. Plumb
Staff of 7300
D/M Thomas J. Banton, Jr.
D/M W. Edward Lansche
D/M James Pennoyer
Mrs. Dorothy B.
Shapleigh

Patient Care Fund

Rosalie Barberich
Joseph Cardascio
Mary Colombo
Roger Lee Dunham
Alfred Goodman
Fred Kinsey
M/M LaVern Lindberg
Loretta Novack
M/M Howard B. Tolles
H. Lewis Witherspoon
Victor J. Odorizzi
Joan E. Paddon
Dola H. Parker
John T. Person
Martin Ralph
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Lawrence J. Tansey
Ella R. Thomas

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Harold E. Voss
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Emma C. Webb
Mrs. Gussie Wieselmann
M/M F. M. Yantis
Arlene A. Yehling
Elaine K. Adam
Constantine Alcons
Loretta Baumann
Harry J. Clayton
Edna Collier
Raymond S. Davis, Jr.
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Edna Mae Eggleston
Margaret Feira
Harry E. Freeman

Edward Gill
John Goodwin, Jr.
Robert & Margie Halpern
Lucille Harwood
M/M J. Gordan Henges
Linda Herskowitz
Milton H. Hull
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Chrissie P. Jolliff
Alma Keough
Katherine E. Martin
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Velga Moore
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Josephine A. Nopper
Roy Norton
Margaret W. Callison
Alvin Eigenrauch
Fannie Exum
Charles Finch
Eleanore Going
Betty D. Turk
Napoleon Williams
Mrs. Bennett Adam
C. R. Andrews
Ethel Dulaney
Mrs. Lore Forst
Leon Freeman
Elsie B. Griggs
Ronnie Kelly
Mathew E. Link
Mildred E. Schulz
Ruby M. Tripp
John Ventress

Clarence J. Wolford
Bruce A. York
Ivee Anderson
M/M Maurice Berger
Lillie Dyess
Doris J. Fisher
Hattie Franklin
Dorothy Handley
Otis Hearndon
John J. Hribar
Margaret Kovac
Edith Kowarsky
Mildred Mahn
Ernest O. Mallett, Sr.
Charlotte Montell
Major Mosely
Barbara Perrin
Herbert H. Porter
Mrs. Mattie H. Richard
Mrs. Harry Simbick
Anna I. Singer
Johnson & Lee Spudich
John D. Stanford
Rosa B. Stewart
Lewis Takach
Elmer Templeton
Sidney Zigel

IN MEMORY OF:
Virginia Stewart
Falcon Products

Dr. Arthur H. Stein, Jr.
Nursing & Social Work
Staff of 7200

Planned Gift Fund

Clara E. Braun
S. H. Curlee
John L. Epperheimer
Norma Greaves
Charles G. Hunsinger
Harry Kolker
Donna Pratt
Francis E. Reese
M/M Francis Finch &
Family
Claude B. Hiestand
Emil A. Schwarz

Viola E. Erwin
Willis G. Hart
Corinne O. Hinson
Ida Mosley
Leona M. Sachtleben
Henry W. Schick
Ethel E. Budde
M/M J. E. Cahill
E. G. Cherbonnier
Clara E. Herschel
William C. Kull
Brooks E. Pumphrey

Memorial Endowment Fund

IN MEMORY OF:
My Daughter, Theta
Mrs. Ann Tucker

Annual Fund

Robert A. Kiser
Elsie Foley

Scott Jablonow Endowment Fund

IN MEMORY OF:
Sam Chaleff
Mrs. Hope Komm

Mr. & Mrs. Julian E.
Jablonow's Anniversary
Nettie A. Jablonow

IN HONOR OF:
Hope Komm's Birthday
Nettie A. Jablonow

Mr. & Mrs. Louis S.
Jablonow's Anniversary
Nettie A. Jablonow

Brian A. Ziemer Memorial Burn Fund

Employees of Gusdorf
Corp.
Perry & Christie Hayden

Chapel Flower Fund

IN MEMORY OF:
Mrs. K. K. Scheller
The Rutherford Family

Heart Fund

IN MEMORY OF:
Al Dieffenbach
M/M J. B. Bushyhead

**Barnes
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Wishing Well chairman, co-chairman named

Maisie Breckenridge and Harriet Williams were appointed volunteer chairman and co-chairman, respectively, of the Wishing Well Gift Shop effective June 1, according to auxiliary president Dolores Shepard.

Mrs. Breckenridge replaces former chairman Emelee Wilkey, who resigned because of a broken hip. Mrs. Breckenridge started her volunteer career in 1974 as a buyer for candy in the Wishing Well, a position she still holds in addition to new responsibilities.

Assisting Mrs. Breckenridge is co-chairman Harriet Williams, an assistant buyer of toys in the gift shop since 1976. Mrs. Williams became a volunteer courtesy cart runner in 1968 and transferred back and forth between the courtesy cart duties and the nursery before going to the Wishing Well.

The chairman and co-chairman manage the operation of the Wishing Well, which is the largest source of funds donated by the Auxiliary to the hospital each year.

Barnes Bulletin

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New entranceway to welcome Barnes patients

Barnes new main entrance will be completed this month, heralding the final phase of the West Pavilion project.

Marking the new entranceway on Barnes Hospital Plaza is an illuminated sign with the words *Barnes Hospital, admitting entrance*, inset in the center of a contemporary canopy skylight. A vestibule includes an enclosure for security officers who are on duty 24 hours a day to assist patients and visitors. Renovation and enlargement of the lobby will be done in phases, beginning with closing the present East Pavilion "temporary" entrance. An information desk relocated to the left of the escalators will be manned for visitors needing directions or up-to-date patient conditions. Once completed, the ground floor lobby will join a surgical waiting area and a discharge waiting area to provide access from the East and West Pavilions to Queeny Tower.

Plans also include moving the cardiac diagnostic laboratory from the old Barnes building to the ground floor of the West Pavilion. Personnel and employment will be relocated to renovated space on the ground floor of Rand-Johnson.

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